

Department of Tax Administration (DTA) County of Fairfax

Vehicle Assessment Appeal Form For Condition of Vehicle or For High Mileage Adjustment

For personal property assessments, state law requires that car values (1) be from a recognized pricing guide as of January 1 of the tax year; and, (2) be applied uniformly to the class of property being assessed for local taxes.

To meet these requirements, Fairfax County uses the January edition of the National Automobile Dealers Association (NADA) Official Used Car Guide. Fairfax County uses the Clean Trade-In value assuming Clean Condition, as defined by NADA. In doing so, DTA uses the posted value.

Under §58.1-3503(B) of the Code of Virginia, the assessed value of a vehicle can be appealed by the taxpayer based on the actual **condition of property** in question. Under the law the taxpayer has the burden of proof to show that a vehicle's value is less than the assessment, based on the condition of the property (for example, you might submit an itemized appraisal that documents condition, or submit an itemized insurance company's estimate to repair body damage). You can also make an appointment with DTA to examine the vehicle (DTAPPD@fairfaxcounty.gov). Please remember, the assessment reflects the value "as of January 1st", so it is the condition of the vehicle as of that date that is pertinent.

If your appeal is for a **high mileage adjustment**, please attach a copy of the latest State Safety Inspection slip, vehicle repair receipt or a similar document to verify odometer reading. Adjustments are based on NADA high mileage tables.

Deliver Appeal Form to:

DTA, PERSONAL PROPERTY DIVISION

12000 Government Center Parkway, Suite 261, Fairfax, VA 22035 Phone: 703-222-8234; Fax: 703-653-7015; TTY: 703-222-7594 www.fairfaxcountv.gov/dta; DTAPPD@fairfaxcountv.gov

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Required Veh	icle Information:		
Make	Model	Year	
Vehicle Ident	ification Number (VIN)		
Odometer Res	ading (no tenths)		
	ppeal, describe in detail the applicable tax year:	the physical condition of the vehicle as of	?
[Attach addition	onal pages if necessary, along	with any supporting documentation]	
	AFFI	DAVIT	
	enalty prescribed by Virginia tained on this form is comple	Code §58.1-11, I certify that the te and accurate.	
Given under my	hand this day of	, 20	
Signature			
Print Name			
DMV ID			
Daytime Teleph	one Number		
E-Mail Address			

Submitting this form, along with the requested documentation, does not relieve the requirement to pay the tax by the indicated due date. If near the due date, pay the amount due and any adjustments will be refunded as appropriate.